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**Indicators of prognosis for admissions from a specialist diabetic foot clinic.** Essackjee Z, Gooday C, Dhatariya K. Elsie Bertram Diabetes Cent. Norfolk & Norwich Uni Hospital, Norwich, UK.

**Background:** The 'diabetic foot' remains the commonest reason for a diabetes specific acute hospital admission in the UK, with most cases being infections. Recent data has shown that there is a wide variation in amputation rates across the UK. A fast, effective and multidisciplinary approach had been shown to improve outcomes. Aim: To assess which factors are predictors of outcomes for this cohort of patients at high risk of morbidity and mortality. **Methods:** A retrospective analysis of patients admitted from our tertiary foot clinic with an acute diabetic foot complication between 2008 & 2012. We looked at markers of inflammation (WBC, neutrophils, and CRP). Location and depth of ulcer on admission was recorded, as was antibiotic use prior to admission. We analysed the outcomes - whether the patient went on to have an angioplasty or amputation. **Results:** 208 patient records were analysed. M:F 147:61; mean HbA1c 68 ( $\pm 20$  SD)mmol/mol, mean age 67.7 (16.0) years. Mean Charlson Score was 5.75 ( $\pm 1.53$ ). Mean length of hospital stay was 17.5 ( $\pm 14$ ) days. 4 patients (1.9%) were coded as purely neuropathic, 115 (55.3%) were ischaemic, 79 (38%) were neuro-ischaemic; 10 (4.8%) were unknown. 28 (13.5%) had no ulcers on admission, 129 (62%) had 1 ulcer and 51 (24.5%) had 2 or more ulcers. 44 patients (21.2%) had an angioplasty. 60 patients underwent a minor amputation. 13 patients (6.3%) died within 1 year of the admission. We have found that in our cohort angioplasty was significantly protective of amputation [OR 0.13(0.02,0.98)]. In addition, major amputation was associated with an increased 1 year mortality rate [OR of 3.5 (0.99, 12.3)]. Inpatient intravenous antibiotic use was associated with a non-significant reduction in risk of amputation [OR 0.61(0.27,1.39)]. Furthermore, heel ulcers were associated with a non-significant increased risk of amputation [OR 1.39 (0.44, 4.44)]. However, we also found that admission CRP, WBC, neutrophil count, Charlson score and HbA1c were not predictive of the risk of amputation in this cohort. **Conclusions:** In this cohort, traditional markers of severity of infection, glycaemic control, gender were not predictive of amputation. However, we have demonstrated the importance of the interventional radiologist in the specialist multidisciplinary team in the care of the diabetic foot.